



Questions and Answers from Women's Cancer Screening Program (WCSP) Provider Conference Call March 11, 2010 Regarding Program Changes

1. How much did CDC grant to the State of Rhode Island this year and in the previous year for the WCSP?

A: Rhode Island received \$1.5 million each year.

2. Is annual screening allowed for women who are at high risk for breast cancer (e.g., those with a family history) or is screening only allowed every other year for those women?

A: The way the program is set up by the CDC, being at high risk does not qualify women for additional services through the program.

3. Does the Department of Health have any recommendation as to what providers should do when they identify an uninsured woman between March 15, 2010 and June 30, 2010 who happens to have a breast lump?

A: As a provider, you should follow the same protocol to access services for this client as you would for any client who is uninsured, regardless of the disease. Work with your network to see what kind of support they can provide. The WCSP will continue to facilitate access into Medicaid for those clients recommended for breast biopsy as well as those clients needing LEEPS or Cones for a precancerous cervical condition.

4. If a woman had her mammogram in 2009, when would she be eligible for her next mammogram with the WCSP?

A: If the mammogram performed in 2009 was negative or benign, she is eligible for her next mammogram in 2011.

5. Can a client still have an annual Pap smear?

A: No, the new screening intervals beginning July 1, 2010 are for both breast and cervical cancer screening. The WCSP will provide coverage for breast and cervical cancer screening every other year for women beginning at age 40.

6. Will the WCSP cover those services for which paperwork has not been sent to the Department of Health prior to March 15, 2010?

A: Yes, the WCSP will cover the cost of all services with a date of service through March 14, 2010.

7. Is it true that the program will no longer cover the cost of colposcopy for Title X (Family Planning) enrolled clients?

A: With the new eligibility criteria, the WCSP will no longer cover the cost of colposcopy for Title X clients. However, the WCSP will continue to facilitate access to treatment through

Medicaid for Title X enrolled clients meeting WCSP eligibility criteria (excluding age) who are recommended for a LEEP or Cone as a result of the colposcopy even though the colposcopy was not paid for with WCSP funding.

8. What about women who are undocumented and need a LEEP or a Cone?

A: Providers are encouraged to follow the protocol they have established for uninsured clients needing services between March 15, 2010 and June 30, 2010. After July 1, 2010, the WCSP will continue to cover the cost for LEEPS and Cones for undocumented women. The program will also continue to cover cost of treatment through Medicaid for women meeting US citizenship eligibility requirements and needing LEEPS or Cones during this three-month period.

9. Does the WCSP cover HPV tests with Pap smears?

A: The WCSP can reimburse for HPV testing (High Risk Types of HPV only) in the following situations:

- Reflex HPV test for Pap test result of ASC-US. Your lab requisition forms should contain a check-off selection for “reflex to HPV High Risk when ASC-US” or wording to that effect. That selection should be checked off for women who receive Pap tests funded by the WCSP.
- Initial workup, or subsequent management, of a Pap test result of Atypical Glandular Cells (AGC).
- Follow up (surveillance) at one year for women with CIN 1 or less on histology following colposcopy and biopsy preceded by an ASC-US, ASC-H, or LSIL Pap result.

10. If a woman has an abnormal mammogram that may show calcifications and the radiologist recommends she have another mammogram in 6 months, would that mammogram be covered by the program?

A: If the result of a mammogram is BIRAD-3, “Probably Benign” and a short-term follow-up mammogram in six months is recommended, WCSP would cover the cost of the six-month follow-up mammogram. However, the program cannot cover the cost of the follow-up between March 15, 2010 and June 30, 2010.

11. Should providers continue to enroll women into the WCSP during this three-month period during which the WCSP is not covering services?

A: No. The only time a woman would need to complete a WCSP enrollment form during this time period is if she is applying for Medicaid to cover the cost of a breast biopsy or a LEEP or Cone procedure. The program will continue to facilitate access to Medicaid during the three-month period and women must meet WCSP eligibility criteria as reflected on a WCSP signed enrollment form required by DHS.

12. Has the program heard of the Slater Act or Breast Cancer Act 2000?

A: Yes, back in 1999 the WCSP was providing mammography for women age 50-64, the target population for the CDC funding. Our advocates in RI worked towards the passage of the Breast Cancer Act 2000, which allowed the WCSP to begin to cover the cost of mammography for women age 40-49. Each year the WCSP receives approximately \$65,000 to \$75,000 in State

funds to support this initiative; however, the funding needed pay for the cost of mammography for women in this age group is approximately \$250,000 per year.

13. How should other WCSP contracts be handled between March 15, 2010 and June 30, 2010?

A: In addition to paying for direct services, the WCSP has a Statewide Outreach and Recruitment Program with W&I Hospital as well as Inreach contracts with the Community Based Health Centers. These Outreach and Inreach contracts will remain in place because they are needed to continue rescheduling of all existing appointments, case management/care coordination activities, and recruitment of clients to be screened after July 1, 2010.

14. Would the WCSP pay for a one-year follow-up mammogram if that was the recommendation of the radiologist?

A: Under the new WCSP eligibility and screening interval guidelines, the program will provide screening services for women 40 and older every other year. For example, if a woman has a screening mammogram on 07/01/2010 with a negative or benign result, and her CBE is normal or benign, WCSP will not fund another mammogram until 07/01/2012. However, if there is an abnormal finding that requires a diagnostic work-up, WCSP will, as usual, pay for reimbursable diagnostic services (e.g., diagnostic mammogram and/or breast ultrasound, surgical consult, consult clinical breast exam, breast biopsy). Please remember that whenever a breast biopsy is recommended, the woman should be considered for Title XV expanded Medicaid coverage. Sharon Flanders, WCSP Case management coordinator (222-1151), will assist you with that process.